

*For review by [illegible]  
Physician*

*The Medications he takes will not allow even sedentary work*

**The Home Depot  
Physical Capabilities Evaluation Form**

Please complete the following items based on your clinical evaluation of Juan Lopez

Associate Name: \_\_\_\_\_ Claim Number: \_\_\_\_\_ Date of Injury: \_\_\_\_\_  
DOB: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

In an 8 hour workday, the associate can: (circle one selection only)

	1	2	3	4	5	6	7	8	(Hours)	Constantly	With Rest
Sit	✓								(Hours)		
Stand									(Hours)		
Walk									(Hours)		
Push									(Hours)		

Please check the maximum lift and frequency that the associate can perform:

Amount of Weight	Never	Occasionally 1-25%	Frequently 26-65%	Constantly Unlimited
1-10 lbs.				
11-25 lbs.				
26-50 lbs.				
51-100 lbs.				
Over 100 lbs.				

Please check the frequency that the associate can perform the following activities:

Activity	Never	Occasionally 1-25%	Frequently 26-65%	Constantly Unlimited
Climbing				
Reaching				
Twisting				
Bending				
Crouching				
Pushing				
Pulling				

Please check the degree of work this associate can perform. Volume II of the Dictionary of Occupational Titles, pages 484-495, published by the U.S. Department of Labor (2nd ed. 1980) describes the work in terms of strength required:

**Light Work:** Lifting 10 lbs. maximum and occasionally lifting or carrying such weight on uneven, rough, and/or wet surfaces; a minimum job to be done for one month between periods of rest; and no more than 10% of the time lifting or carrying such weight.

**Medium Work:** Lifting 25 lbs. maximum with frequent lifting and carrying of objects weighing up to 10 lbs. from time to time; and no more than 25% of the time lifting or carrying such weight.

**Heavy Work:** Lifting 50 lbs. maximum with frequent lifting and carrying of objects weighing up to 25 lbs.

**Very Heavy Work:** Lifting 100 lbs. maximum with frequent lifting and carrying of objects weighing up to 50 lbs.

**Extremely Heavy Work:** Lifting 200 lbs. maximum with frequent lifting and carrying of objects weighing up to 100 lbs.

Environmental Restrictions: \_\_\_\_\_ Yes (Please Specify) \_\_\_\_\_

Signature: [Signature] Date: 3/22/04

88 61 0002 07 044  
TOTAL P 12

ATTN: NIC

718 546-1154

Dept Dorm 2-A

Dr Warden

RE: Jason Reyes

3490662628

Medical Info:



# Neuroscience Associates of New York

1099 Tanager Street, Staten Island, NY 10314 • 718/448-3210 • Fax 718/815-3379

## Neurology

Stephen A. Kuck MD, FAAN, FACP  
Steven J. Schwartzberg MD  
Anthony J. Robin MD

## Pain Management

Germeline N. Rowe MD, FAAPMR  
Glenn D. Batus DO

Neurological Surgery  
Adam M. Chang MD, FACS  
John S. Shau MD, FACS  
Anthony J. Austin MD

## Emotions

Harvey E. Leventhal MD, FACS  
Neuropsychology  
Pauline L. Weiss PhD

March 20, 2006

Re: Jayson Reyes

To Whom It May Concern:

Mr. Reyes has been a patient in our pain management practice since June of 2003. He is being treated medically for RSD or reflex sympathetic dystrophy also known as complex regional pain syndrome. RSD is a chronic neurological disease caused by a disturbance in the sympathetic nervous system. RSD is characterized by symptoms of severe pain and increased sensitivity in the area of pain associated also with swelling, color and temperature changes, circulatory changes as well as impairment in motor function or reduced range of motion.

For the patient's pain symptoms, he has been previously treated with a regimen of Oxycontin, 20 milligrams, every 12 hours, Cymbalta, 60 milligrams a day, and Lidoderm patches, 12 hours on and 12 hours off as well as Provigil, 200 milligrams a day.

If you have any further questions, please feel free to contact us in our office at 718-448-3210 ext. 2287.

Sincerely yours,

Naomi Alcock, P.A.  
Germeline N. Rowe, M.D.

NAW

DATE: 10/15/2007 BY: 1271 160

2020 4th Avenue, Brooklyn, NY 11279 • 718/238-0878  
A Division of HEALTHCARE ASSOCIATES • Medicine PC

Page 1 of 1

NYC 000126



# HEALTHCARE ASSOCIATES in Medicine, PC

1000 Fith Avenue Street, Suite 1000, New York, NY 10004 • Phone: (718) 442-3210 • Fax: (718) 442-9085

## FAX TRANSMISSION

DATE: 2/13/06  
TO: Rosario 398-8995

*Neurom*

COMPANY:

FAX:

RE:

Number of p

MESSAGE:

## Neuroscience Associates of New York

A Division of HEALTHCARE ASSOCIATES in Medicine  
1000 Fith Avenue Street, Suite 1000, New York, NY 10004 • Phone: (718) 442-3210  
1000 4th Avenue, Brooklyn, NY 11209 • Phone: (718) 398-0878

### Neurology

Stephen A. Fuchs, MD, FAHA, FACP  
Steven J. Schwartzberg, MD  
Nancy L. Wilson, MD  
Pain Management  
Bernard H. Topp, MD, FAHA, FACP  
Serving South OJ

Neurological Surgery  
Linda M. O'Hara, MD, FACS  
John A. O'Hara, MD, FACS  
Anthony J. O'Hara, MD  
Serving South OJ

Neurological Surgery  
Linda M. O'Hara, MD, FACS  
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Serving South OJ

Neurology  
Stephen A. Fuchs, MD, FAHA, FACP  
Steven J. Schwartzberg, MD  
Nancy L. Wilson, MD

### Neurological Surgery

John A. O'Hara, MD, FACS  
Anthony J. O'Hara, MD  
Serving South OJ

### Neurology

John A. O'Hara, MD, FACS  
Anthony J. O'Hara, MD  
Serving South OJ

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Anthony J. O'Hara, MD  
Serving South OJ

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John A. O'Hara, MD, FACS  
Anthony J. O'Hara, MD  
Serving South OJ

### Neurology

John A. O'Hara, MD, FACS  
Anthony J. O'Hara, MD  
Serving South OJ

Re: Rosario, Guyson

To Whom It May Concern:

Please be advised that the above named patient is under my care for chronic foot pain so reflex  
At the present time the patient sympathetic dystrophy (RSD)  
may return to work full day  
may return to work with the following limitations:

This fax may contain confidential information. If you are not the intended recipient, you should not disseminate this information.

This fax may contain confidential information. If you are not the intended recipient, you should not disseminate this information.

It is treated medically for his pain symptoms with a regimen of Oxycodone 20mg every 12 hours, Gabapentin 300mg/day, and Lidocaine patches 12 on, 12h off. He also uses Provigil 300mg/day. If you have any further questions, please contact me. Sincerely, Dr. Rosario



# HEALTHCARE ASSOCIATES in Medicine, PC

1099 Longue Street, Staten Island, NY 10314 • Phone: (718) 448-3210 • Fax: (718) 442-9283

## FAX TRANSMISSION

DATE 4/11/06  
 TO Rebecca  
 COMPANY:  
 FAX: 392-8925

FROM Naomi  
 DEPT:  
 FAX: 718-447-7192  
 TEL 718-448-8210 X

RE

PHYSICIAN  
 Stephen A. Fildes, MD, MAB, DCP  
 Andrew A. Shapiro, MD

PHYSICIAN  
 Susan A. Schneider, MD  
 Louis M. Shust, MD

PHYSICIAN  
 Robert A. Jung, MD, MCI  
 John C. Riley, MD  
 Anthony A. Shust, MD  
 Harvey B. Lomax, MD, MCI  
 Joseph

PHYSICIAN  
 Stephen J. Fildes, MD, MCI  
 Joseph A. Shapiro, MD, MCI  
 Albert E. Shapiro, Jr., MD  
 John E. Shust, MD  
 David A. Shapiro, MD  
 Louis J. Shapiro, MD, MCI

OFFICIAL NEW YORK STATE PRESCRIPTION

Prescription Number: 392-8925

Prescription Date: 4/11/06

Prescription Time: 10:00 AM

Prescription Location: Staten Island

Prescription Doctor: Naomi

Prescription Patient: Rebecca

Prescription Medication: 392-8925

Prescription Signature: Naomi

Prescription Stamp: 392-8925

OFFICIAL NEW YORK STATE PRESCRIPTION

Prescription Number: 392-8925

Prescription Date: 4/11/06

Prescription Time: 10:00 AM

Prescription Location: Staten Island

Prescription Doctor: Naomi

Prescription Patient: Rebecca

Prescription Medication: 392-8925

Prescription Signature: Naomi

Prescription Stamp: 392-8925

9220 4th Avenue  
 Brooklyn, NY 11209

7311 Hylan Boulevard  
 Staten Island, NY 10314

66 Columbia Avenue  
 Staten Island, NY 10314

1460 Victory Boulevard  
 Staten Island, NY 10314





*For regular working  
not allow even sedentary  
work*

*The Medications he takes will*

**Physical Capacity Evaluation Form**

Please complete the following items based on your physical evaluation on Task - Rares

Applicant Name: DOB C.A.D. Number: 000 Date of Injury: 01/23/07

In an 8 hour workday, the activities are (circle one selection each)

	1	2	3	4	5	6	7	8	Hours	Continually	With Rest
Sit	1	1	1	4	5	6	7	8	(Hours)		
Stand	1	1	1	4	5	6	7	8	(Hours)		
Walk	1	1	1	4	5	6	7	8	(Hours)		
Other	1	1	1	4	5	6	7	8	(Hours)		

Please check the maximum lift and frequency that the applicant can perform:

Amount of Weight	Never	Occasionally	Frequently	Continually
1 - 10 lbs		1 - 2%	14 - 66%	Continually
11 - 20 lbs				
21 - 30 lbs				
31 - 40 lbs				
Over 40 lbs				

Please check the frequency that the applicant can perform the following activities:

Activity	Never	Occasionally	Frequently	Continually
Carrying		1 - 2%	14 - 66%	Continually
Pushing				
Pulling				
Twisting				
Reaching				

Please check the degree of work this applicant can perform. Volume II of the Dictionary of Occupational Titles, pages 684 - 695, published by the US Department of Labor (1965) classifies work in terms of strength required:

**Light Work** - Lifting 15 lbs. maximum and occasionally lifting and carrying such weight as boxes, bags, and small cases. Although a primary job is defined as one which is light, a certain amount of no heavy and no very heavy work is carried out. Such jobs are voluntary. Lifting and carrying are required only occasionally and when such work is required.

**Medium Work** - Lifting 25 lbs. maximum with frequent lifting and carrying of objects weighing up to 15 lbs. Most jobs are of a highly skilled nature, a job is not necessary for about every part of the day with a degree of precision and timing of work or long periods of time in a repetitive motion or standing for a significant degree.

**Heavy Work** - Lifting 35 lbs. maximum with frequent lifting and carrying of objects up to 25 lbs.

**Very Heavy Work** - Lifting 45 lbs. maximum with frequent lifting and carrying of objects up to 35 lbs.

**Extremely Heavy Work** - Lifting 55 lbs. maximum with frequent lifting and carrying of objects up to 45 lbs.

Environmental Restrictions: None Yes (If over 5 percent) 01/23/07  
 Night and Time 01/23/07 Date

98 61 0002 02-0446  
TOTAL P 12



## Neuroscience Associates of New York

1099 Targee Street, Staten Island, NY 10304 • 718/448-3210 • Fax: 718/815-3379

### Neurology

Stephen A. Kulkick, M.D., F.A.A.N., F.A.C.P.  
Steven B. Schwartzberg, M.D.  
Audrey L. Halpern, M.D.

### Pain Management

Germaine N. Rowe, M.D., F.A.A.P.N.R.  
Glenn D. Babus, D.O.

### Neurological Surgery

Edwin M. Chang, M.D., F.A.C.S.  
John S. Shloul, M.D., F.A.C.S.  
Anthony J.G. Alastro, M.D.

### Emeritus

Harvey R. Leventhal, M.D., F.A.C.S.

### Neuropsychology

Reuven L. Weiss, Ph.D.

March 20, 2006

Re: Jayson Reyes

To Whom It May Concern:

Mr. Reyes has been a patient in our pain management practice since June of 2003. He is being treated medically for RSD or reflex sympathetic dystrophy also known as complex regional pain syndrome. RSD is a chronic neurological disease caused by a disturbance in the sympathetic nervous system. RSD is characterized by symptoms of severe pain and increased sensitivity in the area of pain associated also with swelling, color and temperature changes, circulatory changes as well as impairment in motor function or reduced range of motion.

For the patient's pain symptoms, he has been previously treated with a regimen of Oxycontin, 20 milligrams, every 12 hours; Cymbalta, 60 milligrams a day; and Lidoderm patches, 12 hours on and 12 hours off as well as Provigil, 200 milligrams a day.

If you have any further questions, please feel free to contact us in our office at 718 448-3210, ext. 2287.

Sincerely yours,

Naomi Alcock, P.A.  
Germaine N. Rowe, M.D.

NA/tw

Voloc ID: 158777167ext ID: 12711583



The Home Depot  
Physical Capacities Evaluation Form

Please complete the following items based on your clinical evaluation of **JASON REYES**

Associate Name:

Claim Number:

Date of Injury:

DOB:

Social Security Number:

In an 8 hour workday, the associate can: (circle one selection each)

Sit	1	2	3	4	5	6	7	8	(Hours)	Constantly	With Rest
Stand	1	2	3	4	5	6	7	8	(Hours)		
Walk	1	2	3	4	5	6	7	8	(Hours)		
Drive	1	2	3	4	5	6	7	8	(Hours)		

Please check the maximum limit and frequency that the associate can lift/carry:

Amount of Weight	Never	Occasionally 0 - 33%	Frequently 34 - 66%	Constantly Unlimited
1 - 10 lbs.				
11 - 20 lbs.				
21 - 50 lbs.				
51 - 100 lbs.				
Over 100 lbs.				

Please check the frequency that the associate can perform the following activities:

Activity	Never	Occasionally 0 - 33%	Frequently 34 - 66%	Constantly Unlimited
Climbing				
Reaching				
Stooping				
Kneeling				
Crouching				
Crawling				
Resealing				

Please check the degree of work this associate can perform. Volume II of the Dictionary of Occupational Titles, pages 654 - 655, published by the U.S. Department of Labor (3rd ed. 1945) classifies the degree of work in terms of strength required:

Sedentary Work: Lifting 10 lbs. maximum and occasionally lifting and/or carrying such articles as books, ledgers, and small tools. Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.

Light Work: Lifting 20 lbs. maximum with frequent lifting and/or carrying of objects weighing up to 10 lbs. Even though the weight lifted may be only negligible amount, a job in this category involves standing most of the time with a degree of pushing and pulling of arm or leg controls, or when it requires walking or standing to a significant degree.

Medium Work: Lifting 30 lbs. maximum with frequent lifting and/or carrying of objects up to 25 lbs.

Heavy Work: Lifting 100 lbs. maximum with frequent lifting and/or carrying of objects up to 50 lbs.

Very Heavy Work: Lifting objects in excess of 100 lbs. with frequent lifting and/or carrying of objects weighing 50 lbs. or more.

Environmental Restrictions: None Yes (Please describe)

Signature/Title

Date

MAR-23-2004 18:56  
TOTAL P.10

NYC 000132

## STATE OF NEW YORK - WORKERS' COMPENSATION BOARD

## PRACTITIONER'S REPORT OF INDEPENDENT MEDICAL EXAMINATION

A copy of each report of Independent Medical Examination shall be submitted on the same day and in the same manner to the Workers' Compensation Board, the insurance carrier or self-insured employer, the claimant's attending physician or other attending practitioner, the claimant's representative, if any, and the claimant.

CHECK ONE: ☐ PHYSICIAN ☐ PODIATRIST ☐ CHIROPRACTOR ☐ PSYCHOLOGIST  
THIS EXAMINATION WAS REQUESTED BY: ☐ CARRIER/EMPLOYER ☐ CLAIMANT

NYS CASE NO. 0024 8581		CARRIER CASE NO. (IF KNOWN) 1E78119HD	DATE OF INJURY 9/16/2002	INJURED PERSON'S SOCIAL SECURITY NUMBER 123-66-7176	DATE OF EXAMINATION 3/23/2004
INJURED PERSON	(First Name) Jason (Middle Name) Reyes (Last Name)		ADDRESS (Include Apt. No.) 252 60th Street Brooklyn, NY 11220		
EMPLOYER	Home Depot				
INSURANCE CARRIER	Sedgwick CMS		3 Huntington Quad South Wing Metairie, NY 11747		
* EXAMINER CONDUCTED THIS EXAMINATION: AS AN EMPLOYEE OF AN AEC COMPANY, OR UNDER CONTRACT OR ARRANGEMENT WITH AN AEC COMPANY, STATE NAME AND WORKERS' COMPENSATION BOARD REGISTRATION NUMBER OF THE COMPANY					
MED CONTROL EVALUATION - 101 CEDAR SWAMP RD. - GLEN COVE, NY 11542 - #010057					
Results of Examination (continue on reverse or attach additional sheets, if necessary)					

I hereby certify that this report is a full and truthful representation of my professional opinion with respect to the claimant's condition.

Dr. Andrew Weiss

Practitioner's Name

Practitioner's Signature

Date

1021 Ave Z - corner of E. 11th Street - Brooklyn, NY 11235

Practitioner's Address

IME Authorization No.

NO PRACTITIONER EXAMINING OR EVALUATING A CLAIMANT UNDER THE WORKERS' COMPENSATION LAW NOR ANY SUPERVISING AUTHORITY OR PROPRIETOR NOR INSURANCE CARRIER OR EMPLOYER MAY CAUSE, DIRECT OR ENCOURAGE A REPORT TO BE SUBMITTED AS EVIDENCE IN WORKERS' COMPENSATION CLAIM ADJUDICATION WHICH DIFFERS SUBSTANTIALLY FROM THE PROFESSIONAL OPINION OF THE EXAMINING PRACTITIONER. SUCH AN ACTION SHALL BE CONSIDERED WITHIN THE JURISDICTION OF THE WORKERS' COMPENSATION FRAUD INSPECTOR GENERAL AND MAY BE REFERRED AS A FRAUDULENT PRACTICE.

IME-4 (11-01)

TOTAL P.02

NYC 000133

02/13/06  
18.01.43

REYES, JAYSON  
252 50TH ST  
BROOKLYN NY 11220-1711  
(718) 439-0721

RITE AID- 6201-4TH AVE  
6201-23 FOURTH ST  
BROOKLYN NY 11220-4615  
(718) 567-0476

CUSTOMER HISTORY REPORT  
01/01/05 TO 02/12/06

PAGE: 1

RX CF	RF	DATE	NDC	PH	INIT	DESCRIPTION	CLAIM REF	QTY DISP	DAYS SUPPLY	RETAIL PRICE	CUST PAID	DOCTOR	INSTRUCTION	STORE
258330		02/11/05	00406051201	OX	YCODONE	W/APAP 5/325	2583305021125	75.00	25	\$37.98	\$0.00	ROME, GERMAINE N.	Take 1 tablet ever 04269	
258329		02/11/05	63481068706	LID	DERM 5% PATCH	2583295021125	60.00	20	\$415.99	\$0.00	ALCOCK, NAOMI	Use as directed 12 04269		
258329	1	05/23/05	63481068706	LID	DERM 5% PATCH	2583295021148	60.00	20	\$415.99	\$0.00	ALCOCK, NAOMI	Use as directed 12 04269		
259591		05/31/05	00406051201	OX	YCODONE	W/APAP 5/325	2595915021125	75.00	18	\$37.98	\$0.00	ALCOCK, NAOMI	Take 1 tablet ever 04269	
269590		06/03/05	00378912198	FEN	TANYL 25 MG/HR PACH	2695905021125	10.00	30	\$132.99	\$0.00	ALCOCK, NAOMI	Apply 1 patch TO S 04269		
278318		08/29/05	63481068706	LID	DERM 5% PATCH	2783185021125	60.00	20	\$437.99	\$0.00	ALCOCK, NAOMI	WEAR UP TO 3 PATCH 04269		
278319		08/29/05	00406051201	OX	YCODONE	W/APAP 5/325	2783195021125	75.00	25	\$37.98	\$0.00	ROME, GERMAINE	Take 1 tablet ever 04269	
278320		08/31/05	00172635460	OX	YCODONE	HCL 10 MG TAB	2783205021125	60.00	18	\$37.98	\$0.00	ROME, GERMAINE	Take 1 tablet ever 04269	
285447		11/07/05	00406051201	OX	YCODONE	W/APAP 5/325	2854475021125	75.00	18	\$37.98	\$0.00	ROME, GERMAINE	Take 1 tablet ever 04269	
285445		11/07/05	00002323730	CYM	BAL TA 60 MG CAPSULE	2854455021125	30.00	30	\$138.99	\$0.00	ALCOCK, NAOMI	Take 1 capsule onc 04269		
278318	1	11/07/05	63481068706	LID	DERM 5% PATCH	2783185021125	60.00	20	\$437.99	\$0.00	ALCOCK, NAOMI	WEAR UP TO 3 PATCH 04269		
285448		11/09/05	00591350201	OX	YCODONE	HCL CR 20 MG	2854485021125	60.00	30	\$170.99	\$0.00	ROME, GERMAINE	Take 1 tablet ever 04269	
278318	2	01/01/06	63481068706	LID	DERM 5% PATCH	2783185021125	60.00	20	\$437.99	\$0.00	ALCOCK, NAOMI	WEAR UP TO 3 PATCH 04269		
291346		01/02/06	00591350201	OX	YCODONE	HCL CR 20 MG	2913465021125	60.00	30	\$170.99	\$0.00	ROME, GERMAINE	Take 1 tablet ever 04269	
294458		01/30/06	00406112181	METH	YLIN 5 MG TABLET	2944585021125	60.00	30	\$29.99	\$0.00	ROME, GERMAINE	Take 1 tablet by m 04269		
294457		01/30/06	00591350201	OX	YCODONE	HCL CR 20 MG	2944575021125	60.00	30	\$158.99	\$0.00	ROME, GERMAINE	Take 1 tablet by m 04269	

\$3,187.80

\$29.99

\*\*\*\*\* THIS REPORT CONTAINS PATIENT HEALTH INFORMATION WHICH IS LEGALLY PROTECTED UNDER HIPAA LEGISLATION. \*\*\*\*\*  
\*\*\*\*\* THIS INFORMATION MUST BE USED AND STORED IN ACCORDANCE WITH RITE AID PRIVACY POLICIES. \*\*\*\*\*

NYC 000134

TOTAL P.010



## HEALTHCARE ASSOCIATES in Medicine, PC

1099 Targos Street, Staten Island, NY 10304 • Phone: (718) 448-3210 • Fax: (718) 442-9085

## FAX TRANSMISSION

DATE: 2/13/06

TO: Rosaura 398-8995

FROM:

COMPANY:

FAX:

RE:

Number of p

MESSAGE:



## Neuroscience Associates of New York

A Division of HEALTHCARE ASSOCIATES in Medicine

1099 Targos Street, Staten Island, N.Y. 10304 • 718/448-3210  
9920 4th Avenue, Brooklyn, N.Y. 11209 • 718/238-0878

## Neurology

Stephen A. Kulick, M.D., FAAN, FACP  
Steven I. Schwartzberg, M.D.  
Audrey L. Halpern, M.D.

## Pain Management

Germaine R. Rowe, M.D., FAAPMR  
Clifford C. Bogle, D.O.

## Neurological Surgery

Edwin M. Chang, M.D., F.A.C.S.  
John S. Shiao, M.D., F.A.C.S.  
Anthony J.G. Alcega, M.D.

## Neurosurgery

John S. Shiao, M.D., F.A.C.S.  
Anthony J.G. Alcega, M.D.

Honory R. Laventhol, M.D., F.A.C.S.

## NEUROLOGY

Stephen A. Kulick, M.D., FAAN, FACP  
Audrey L. Halpern, M.D.

## PEDIATRIC NEUROLOGY

Steven I. Schwartzberg, M.D.  
Laurie M. Jellison, M.D.

## NEUROSURGERY

John S. Shiao, M.D., F.A.C.S.  
John S. Shiao, M.D.  
Anthony J.G. Alcega, M.D.  
Honory R. Laventhol, M.D., F.A.C.S.

## ORTHOPEDICS

David J. Padgett, M.D., FACS  
Joseph A. Scavone, M.D., FACS  
Burt R. Accetta, Jr., M.D.  
John R. Kelly, M.D.  
David M. A. Drucker, M.D.  
J. Glavitsky, M.D., FACS  
Deborah A. Stanley, M.D.  
Michael J. Jorgensen, M.D.

## NEURORADIOLOGY

David S. Pines, M.D., FRCR  
E. Torgue, M.D., FRCR

## PAIN MANAGEMENT

R. Rowe, M.D., FAAPMR  
Clifford C. Bogle, D.O.

## PHYSICAL THERAPY

Jennifer L. Mancini, PT  
Jaronne Ortega, PT

## NEUROPSYCHOLOGY

Kathleen M. Kelly, PhD

Re: Reyes, Jayson

To Whom It May Concern:

Please be advised that the above named patient is under my care.

At the present time the patient:

\_\_\_\_\_ may return to work, full duty.

\_\_\_\_\_ may return to work with the following limitations:

\_\_\_\_\_ may not return to work.

\_\_\_\_\_ is unable to drive a car.

This fax may be used after the recipient, you, has received the information.

This fax may be used after the recipient, you, has received the information immediately.

He is treated medically for his pain symptoms with a regimen of Oxycodone 20mg every 12 hours, Cymbalta 60mg/day, and Lidocaine patches 12 hours, 12h off. He also uses Provigil 300mg/day. If you have any further questions, please contact me.

Sincerely,  
Germaine R. Rowe, M.D.

9 4th Avenue

NYC 000135





# HEALTHCARE ASSOCIATES in Medicine, PC

1099 Targate Street, Staten Island, NY 10304 • Phone: (718) 448-3210 • Fax: (718) 442-9085

## FAX TRANSMISSION

DATE: 4/11/06  
 TO: Resana  
 COMPANY: \_\_\_\_\_  
 FAX: 398-8995  
 RE: \_\_\_\_\_

FROM: Naomi  
 DEPT: \_\_\_\_\_  
 FAX: 718-447-7192  
 TEL: 718-448-3210 X

NEUROLOGY  
 Stephen A. Koffel, MD, FAHA, FAAP  
 Audrey L. Halpern, MD

PEDIATRIC NEUROLOGY  
 Steven B. Schwartzberg, MD  
 Leslie M. Arnold, MD

NEUROSURGERY  
 Edwin M. Chang, MD, FACS  
 John S. Shinn, MD  
 Anthony J. E. Alstott, MD  
 Harvey K. Lennard, MD, FACS  
 Emrys

ORTHOPEDICS  
 Stephen J. Pollock, MD, FACS  
 Joseph A. Sencer, MD, FACS  
 Albert B. Acosta, Jr., MD  
 John P. Reddy, MD  
 David A. Dineen, MD  
 Joseph L. Gluckstein, MD, FACS

### OFFICIAL NEW YORK STATE PRESCRIPTION

GERMAINEN ROSEN, MD  
 1099 TARGATE STREET  
 STATEN ISLAND, NY 10304  
 (718) 448-3210  
 LIC 20408

Patient Name: Naomi Date: 4/11/06  
 Address: 250 50th St  
Brooklyn, NY 11220

Sequential  
Stimulata  
Dr. Chandra  
RSD - 1000  
H. Kout up

00H6FT 18

### OFFICIAL NEW YORK STATE PRESCRIPTION

GERMAINEN ROSEN, MD  
 1099 TARGATE STREET  
 STATEN ISLAND, NY 10304  
 (718) 448-3210  
 LIC 20408

Patient Name: Naomi Date: 4/11/06  
 Address: 250 50th St  
Brooklyn, NY 11220

Sequential  
Stimulata  
Dr. Chandra  
RSD - 1000  
H. Kout up

00H6FT 17

2920 4th Avenue  
 Brooklyn, NY 11209

3311 14th Avenue  
 Staten Island, NY 10306

65 Columbus Avenue  
 Staten Island, NY 10304

1460 Victory Boulevard  
 Staten Island, NY 10301

NYC 000136

**ANDREW B. WEISS, M.D., F.A.C.S.**

Diplomate American Board of Orthopaedic Surgeons  
Fellow American Academy of Orthopaedic Surgeons  
Clinical Professor of Orthopaedic Surgery UMDNJ/New Jersey Medical School  
555 Eagle Rock Ave. Suite 207 Roseland, NJ 07068  
Tel#: (973) 226-0825 Fax#: (973) 226-3853

March 23, 2004

Med Control Evaluation  
10 Cedar Swamp Road  
Glen Cove, NY 11542

RE: Jason Reyes  
CLAIM#: 1878119HD  
FILE#: MCE34962  
DATE OF ACCIDENT: September 16, 2002

To Whom It May Concern:

I had the opportunity to meet and evaluate Jason Reyes, a 21-year-old male receive/unloading person, in my Brooklyn, New York office on March 23, 2004. I am dictating this report on March 23, 2004 for an evaluation performed on March 23, 2004. He was accompanied to the evaluation by a female. My medical assistant, Erika Lerma, was present at the time of this evaluation.

**MEDICAL RECORD REVIEW:**

The following medical records were submitted for my review in preparation for this independent medical evaluation:

1. Physical therapy notes, dated 12/17/02 - 08/28/03.
2. Report by Dr. Rowe, dated 02/04/04.
3. Report by Dr. Bakhshi, dated 06/24/03.
4. Independent medical evaluation by Dr. Falvo, dated 05/22/03.
5. Independent medical evaluation by Dr. Kulick, dated 03/05/03.
6. Independent medical evaluation by Dr. Toriello, dated 01/30/03.
7. MRI report of the left foot, dated 12/04/02.
8. MRI report of the left ankle, dated 12/02/02.
9. Reports by Dr. L'Insalata, dated 09/20/02 - 07/03/03.

NYC 000137



Date: March 23, 2008

Page 2

**HISTORY:**

This claimant informs me that he is right-handed, 5 feet 8 inches tall, and weighs 200 pounds. He further states that on September 16, 2002 while at work, his left foot and ankle was crushed between two hylo machines. He was transported by ambulance from the scene of the accident to Lutheran Medical Center in Brooklyn NY, where he was clinically evaluated, treated, and x-rays were performed on his foot and ankle. He was released that same day to the care of his private physicians. He has had no surgery nor has he been hospitalized for any sequelae due to this accident.

He was reportedly treated with epidural injections for what appears to be reflex sympathetic dystrophy of the left foot and ankle. He is also being treated with several medications, including Vicodin, Trileptal and Nebutin. He is experiencing severe pain about the medial aspect of the left foot and ankle; even the slightest touch causes trembling of the limb and withdrawal.

**PAST MEDICAL HISTORY/SOCIAL HISTORY:**

Past history reveals he is in good health and has had no major operative interventions performed upon his body. He denies any history of similar conditions, prior or subsequent accidents. He denies taking medication besides those for his reflex sympathetic dystrophy.

His work status reveals he has not worked since September 16, 2002, the day the accident occurred.

He reveals that he is single and has a four year old child. He admits to being a social drinker and smokes approximately one pack of cigarettes per day.

**PHYSICAL EXAMINATION:****LEFT FOOT AND ANKLE:**

Examination of the left foot and ankle is consistent with reflex sympathetic dystrophy. He has withdrawal and trembling with even the slightest touch to the medial aspect of the left foot. There is some coldness and molding of the skin on the medial aspect of the left foot and ankle. There is limitation of the left foot and ankle to approximately 80 percent normal in all planes. Strength is reduced to 80 percent normal in all planes.

**DIAGNOSES:**

1. Reflex sympathetic dystrophy left foot and ankle, causally related to the accident of September 16, 2002 by claimant history.

Date: March 23, 2008

Page 3

SUMMARY:

I would place degree of causally related disability as marked. If the claimant's history is accepted, there is a causal relationship between the reflex sympathetic dystrophy and the crush injury of September 16, 2002. There is a need for physical therapy at the frequency of three times per week for ten weeks after which a re-evaluation is suggested. There is also a need for the medications he is receiving. He is unable to work at this time. I have completed and enclosed the Home Depot evaluation form.

I, Andrew B. Weiss, M.D. being a physician duly licensed to practice in the State of New York, hereby affirm under penalties of perjury, that the statements contained herein are true and accurate. ~~The captioned claimant was examined in accordance with the restrictive rules concerning an independent examination.~~ It is understood that no doctor/patient relationship exists or is implied by this examination. The claimant was examined with reference to the specific complaints emanating from the original injuries. Any other medical conditions, which are found unreported or unrelated to the original injuries are to be considered beyond the scope of this examination.

I declare under the penalties of perjury that the information contained within this document was prepared and is the work product of the undersigned and is true to the best of my knowledge and information.

I will be available for Worker's Compensation testimony in Brooklyn on the second Monday of each month, after 1:30 P.M.; in Manhattan on the third Monday, after 1:30 P.M.; and in Queens on the fourth Monday, after 1:30 P.M. Hearings for all other locations are by telephone. Telephone hearings are by appointment only and must be scheduled with my office to avoid conflict.

Please feel free to contact my office, if additional information is required on this case.

Sincerely,



Andrew B. Weiss, M.D., F.A.C.S.  
New York Medical License No.: 105462  
ABW/ssc/lcj

cc: clmt

adj.

Antony  
WCB

NYC 000139

Attn: Dr. Warden

7:8. 546. 5951

RE: Jason Reyes

3490602628

7 main

Medical Information

NYC 000140

## CONSULTATION REQUEST

NEW YORK CITY DEPARTMENT OF HEALTH  
AND MENTAL HYGIENE

Leave blank for hospital use

Patients' Name \_\_\_\_\_ DOB \_\_\_\_\_

FROM \_\_\_\_\_  
Correctional institution \_\_\_\_\_ Inmate no. \_\_\_\_\_

Referred to \_\_\_\_\_ Ward / Clinic \_\_\_\_\_

Hospital \_\_\_\_\_ / Clinic no. \_\_\_\_\_

Chief complaint or findings:

Diagnosis, treatment and medications by C.H.S.:

Other pertinent physical, psychiatric, and historical findings,  
including lab values and x-ray findings:

Request:

Date \_\_\_\_\_ Referring Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Approved \_\_\_\_\_  
Gabriel Jean Louis, MD

Consultation, findings and recommendations:

NYC 000141

ate \_\_\_\_\_ Physician \_\_\_\_\_

## CONSULTATION REQUEST

NEW YORK CITY DEPARTMENT OF HEALTH  
AND MENTAL HYGIENE

Leave blank for hospital use

Patients' Name 10/1/03 DOB 10/1/03

FROM Correctional institution Inmate no. 57400163

Referred to Ward / Clinic

Hospital / Clinic no.

Chief complaint or findings:

Diagnosis, treatment and medications by C.H.S.:

Other pertinent physical, psychiatric, and historical findings,  
including lab values and x-ray findings:

Request:

Date 3/31/08 Referring Physician [Signature] Phone  Approved

Consultation, findings and recommendations:

Date  Physician

BBKC/MDC  
125 WHITE STREET  
NEW YORK, NY 10013  
(212) 225-1458 (C0045-4)

NAME: REYES, JASON  
BOOK/CASE: 3490602628  
DOB: 01/13/1983

-FINAL- Original Report 02/14/2006

REYES, JASON

3490602628

BBKC/MDC

101053919 02/12/2006

02/12/2006 22:36 4/12/2006 08:24 23 Y M

Test Description	Result	Reference Range
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----- \* MISCE \* -----

Redacted

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Report ID: IRC00100

**Pharmacy Order**

Sorted by: Start Date

3/30/2006

10:26:47 PM

Name: **Reyes, Jason**Book & Case: **349-06-02628**NYSID: **0470442Y**DOB: **1/13/1983**Site/Housing: **MDC/4S**Drug: **Naprosyn**Dosage: **500MG**Form: **Tab**SIG: **500 MG PO BID**Reason: **Other - PAIN**Start: **3/30/2006**Duration: **5 days**Written by: **Celia Tindale, PA - Physician Assistant**Approved by: **Franklin Mejia, Physician**

Pharm: \_\_\_\_\_

Allergies: **NKA****DC:**Name: **Reyes, Jason**Book & Case: **349-06-02628**NYSID: **0470442Y**DOB: **1/13/1983**Site/Housing: **MDC/4S**Drug: **Robaxin**Dosage: **500MG**Form: **Tab**SIG: **500MG PO BID**Reason: **Other - PAIN**Start: **3/30/2006**Duration: **7 days**Written by: **Celia Tindale, PA - Physician Assistant**Approved by: **Franklin Mejia, Physician**

Pharm: \_\_\_\_\_

Allergies: **NKA****DC:**



# Neuroscience Associates of New York

1099 Targee Street, Staten Island, NY 10304 • 718/448-3210 • Fax: 718/815-3379

## Neurology

Stephen A. Kulick, M.D., F.A.A.N., F.A.C.P.  
Steven B. Schwartzberg, M.D.  
Audrey L. Halpern, M.D.

## Pain Management

Germaine N. Rowe, M.D., F.A.A.P.M.R.  
Glenn D. Babus, D.O.

## Neurological Surgery

Edwin M. Chang, M.D., F.A.C.S.  
John S. Shloul, M.D., F.A.C.S.  
Anthony J.G. Alastro, M.D.

## Emeritus

Harvey R. Loventhal, M.D., F.A.C.S.

## Neuropsychology

Reuven L. Weiss, Ph.D.

March 20, 2006

Re: Jayson Reyes

To Whom It May Concern:

Mr. Reyes has been a patient in our pain management practice since June of 2003. He is being treated medically for RSD or reflex sympathetic dystrophy also known as complex regional pain syndrome. RSD is a chronic neurological disease caused by a disturbance in the sympathetic nervous system. RSD is characterized by symptoms of severe pain and increased sensitivity in the area of pain associated also with swelling, color and temperature changes, circulatory changes as well as impairment in motor function or reduced range of motion.

For the patient's pain symptoms, he has been previously treated with a regimen of Oxycontin, 20 milligrams, every 12 hours; Cymbalta, 60 milligrams a day; and Lidoderm patches, 12 hours on and 12 hours off as well as Provigil, 200 milligrams a day.

If you have any further questions, please feel free to contact us in our office at 718 448-3210, ext. 2287.

Sincerely yours,

Naomi Alcock, P.A.  
Germaine N. Rowe, M.D.

NA/tw

Voice ID: 15877716 Text ID: 12751583



THE NEW YORK CITY  
DEPARTMENT OF HEALTH  
AND MENTAL HYGIENE

DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT  
BUREAU OF CORRECTIONAL HEALTH SERVICES

*Redacted*

[Redacted]



DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT  
CORRECTIONAL HEALTH SERVICES

45

Redacted

(One Copy for Chart)

(One Copy for Counselor)  
2 12 2008 2 54 31 AM

(One Copy for Tracking)

NYC 000147

## NEW YORK STATE DEPARTMENT OF HEALTH

AD5 LISTING

**Perform**

health care provider has undergone [REDACTED]  
testing and has given the victim [REDACTED]

**[REDACTED]**

- The only way to know if you are a good candidate is to try it. The first step is to contact the nearest office. The second step is to schedule a consultation. The third step is to undergo the procedure. The fourth step is to follow the post-operative instructions. The fifth step is to return for a follow-up appointment. The sixth step is to resume normal activities. The seventh step is to maintain a healthy lifestyle. The eighth step is to avoid smoking and alcohol. The ninth step is to take prescribed medications. The tenth step is to avoid strenuous exercise. The eleventh step is to avoid sun exposure. The twelfth step is to avoid swimming. The thirteenth step is to avoid driving. The fourteenth step is to avoid sexual intercourse. The fifteenth step is to avoid contact sports. The sixteenth step is to avoid heavy lifting. The seventeenth step is to avoid bending over. The eighteenth step is to avoid twisting the body. The nineteenth step is to avoid standing for long periods. The twentieth step is to avoid sitting for long periods. The twenty-first step is to avoid walking for long periods. The twenty-second step is to avoid running. The twenty-third step is to avoid jumping. The twenty-fourth step is to avoid climbing stairs. The twenty-fifth step is to avoid carrying heavy bags. The twenty-sixth step is to avoid wearing high heels. The twenty-seventh step is to avoid wearing tight clothing. The twenty-eighth step is to avoid wearing jewelry. The twenty-ninth step is to avoid wearing makeup. The thirtieth step is to avoid wearing contact lenses. The thirty-first step is to avoid wearing glasses. The thirty-second step is to avoid wearing a hat. The thirty-third step is to avoid wearing a scarf. The thirty-fourth step is to avoid wearing a coat. The thirty-fifth step is to avoid wearing a jacket. The thirty-sixth step is to avoid wearing a sweater. The thirty-seventh step is to avoid wearing a shirt. The thirty-eighth step is to avoid wearing a tank top. The thirty-ninth step is to avoid wearing a bra. The fortieth step is to avoid wearing a bikini. The forty-first step is to avoid wearing a swimsuit. The forty-second step is to avoid wearing a dress. The forty-third step is to avoid wearing a skirt. The forty-fourth step is to avoid wearing a pair of pants. The forty-fifth step is to avoid wearing a pair of shorts. The forty-sixth step is to avoid wearing a pair of underwear. The forty-seventh step is to avoid wearing a pair of socks. The forty-eighth step is to avoid wearing a pair of shoes. The forty-ninth step is to avoid wearing a pair of slippers. The fiftieth step is to avoid wearing a pair of sandals. The fifty-first step is to avoid wearing a pair of flip-flops. The fifty-second step is to avoid wearing a pair of sneakers. The fifty-third step is to avoid wearing a pair of boots. The fifty-fourth step is to avoid wearing a pair of loafers. The fifty-fifth step is to avoid wearing a pair of oxfords. The fifty-sixth step is to avoid wearing a pair of dress shoes. The fifty-seventh step is to avoid wearing a pair of formal shoes. The fifty-eighth step is to avoid wearing a pair of athletic shoes. The fifty-ninth step is to avoid wearing a pair of casual shoes. The sixtieth step is to avoid wearing a pair of work shoes. The sixty-first step is to avoid wearing a pair of safety shoes. The sixty-second step is to avoid wearing a pair of protective shoes. The sixty-third step is to avoid wearing a pair of specialized shoes. The sixty-fourth step is to avoid wearing a pair of custom-made shoes. The sixty-fifth step is to avoid wearing a pair of orthopedic shoes. The sixty-sixth step is to avoid wearing a pair of medical shoes. The sixty-seventh step is to avoid wearing a pair of therapeutic shoes. The sixty-eighth step is to avoid wearing a pair of supportive shoes. The sixty-ninth step is to avoid wearing a pair of cushioned shoes. The seventieth step is to avoid wearing a pair of padded shoes. The seventy-first step is to avoid wearing a pair of shock-absorbing shoes. The seventy-second step is to avoid wearing a pair of anti-static shoes. The seventy-third step is to avoid wearing a pair of anti-slip shoes. The seventy-fourth step is to avoid wearing a pair of anti-bacterial shoes. The seventy-fifth step is to avoid wearing a pair of anti-odor shoes. The seventy-sixth step is to avoid wearing a pair of anti-microbial shoes. The seventy-seventh step is to avoid wearing a pair of anti-viral shoes. The seventy-eighth step is to avoid wearing a pair of anti-fungal shoes. The seventy-ninth step is to avoid wearing a pair of anti-inflammatory shoes. The eightieth step is to avoid wearing a pair of anti-pain shoes. The eighty-first step is to avoid wearing a pair of anti-itch shoes. The eighty-second step is to avoid wearing a pair of anti-rash shoes. The eighty-third step is to avoid wearing a pair of anti-burn shoes. The eighty-fourth step is to avoid wearing a pair of anti-freeze shoes. The eighty-fifth step is to avoid wearing a pair of anti-sun shoes. The eighty-sixth step is to avoid wearing a pair of anti-cold shoes. The eighty-seventh step is to avoid wearing a pair of anti-flu shoes. The eighty-eighth step is to avoid wearing a pair of anti-allergy shoes. The eighty-ninth step is to avoid wearing a pair of anti-asthma shoes. The ninetieth step is to avoid wearing a pair of anti-diabetes shoes. The ninety-first step is to avoid wearing a pair of anti-hypertension shoes. The ninety-second step is to avoid wearing a pair of anti-cholesterol shoes. The ninety-third step is to avoid wearing a pair of anti-obesity shoes. The ninety-fourth step is to avoid wearing a pair of anti-aging shoes. The ninety-fifth step is to avoid wearing a pair of anti-wrinkle shoes. The ninety-sixth step is to avoid wearing a pair of anti-brown spots shoes. The ninety-seventh step is to avoid wearing a pair of anti-freckles shoes. The ninety-eighth step is to avoid wearing a pair of anti-moles shoes. The ninety-ninth step is to avoid wearing a pair of anti-tattoos shoes. The hundredth step is to avoid wearing a pair of anti-scars shoes.

[REDACTED]

[REDACTED]  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]

Signature: [Redacted] (legally authorized representative)

Date:                     

If legal representative, indicate relationship to subject:

Printed Name: MAUREEN POWELL

Medical Record #: [REDACTED]

Exempt from export control if it meets the criteria set forth in the EAR Supplemental Exemption List as of June 7, 2005.

**NOTE: this form is intended to be used in conjunction with DOH-2556i, Part A.**

DOH-2556 (5/05)

NYC 000148



# Neuroscience Associates of New York

1099 Targee Street, Staten Island, NY 10304 • 718/448-3210 • Fax: 718/815-3379

## Neurology

Stephen A. Kulick, M.D., F.A.A.N., F.A.C.P.

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## Emeritus

Harvey R. Loventhal, M.D., F.A.C.S.

## Neuropsychology

Reuven L. Weiss, Ph.D.

March 20, 2006

Re: Jayson Reyes

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If you have any further questions, please feel free to contact us in our office at 718 448-3210, ext. 2287.

Sincerely yours,

Naomi Alcock, P.A.

Germaine N. Rowe, M.D.

NA/tw

Voice ID: 15877716/Tax ID: 12751583



Report ID: IRC00100

**Pharmacy Order**

Sorted by: Start Date

2/17/2006

10:17:14 AM

Name:	<b>Reyes, Jason</b>	Book & Case:	<b>349-06-02628</b>	NYSID:	<b>0470442Y</b>
DOB:	<b>1/13/1983</b>	Site/Housing:	<b>MDC/4S</b>		
Drug:	<b>Tylenol</b>			Dosage:	<b>325MG</b>
Form:	<b>Tab</b>	SIG:	<b>2 tab s po qid prn</b>		
Reason:	<b>Other - pain</b>	Start:	<b>2/17/2006</b>	Duration:	<b>5 days</b>
Written by:	<b>Jacques Lorthé, PA - Physician Assistant</b>				
Approved by:	<b>Cristian Pedestru, Physician</b>				
Allergies:	<b>NKA</b>				
				Pharm:	_____

**DC:**

Name:	<b>Reyes, Jason</b>	Book & Case:	<b>349-06-02628</b>	NYSID:	<b>0470442Y</b>
DOB:	<b>1/13/1983</b>	Site/Housing:	<b>MDC/4S</b>		
Drug:	<b>Naproxen</b>			Dosage:	<b>500MG</b>
Form:	<b>Tab</b>	SIG:	<b>1 tab po bid</b>		
Reason:	<b>Other - pain</b>	Start:	<b>2/17/2006</b>	Duration:	<b>7 days</b>
Written by:	<b>Jacques Lorthé, PA - Physician Assistant</b>				
Approved by:	<b>Cristian Pedestru, Physician</b>				
Allergies:	<b>NKA</b>				
				Pharm:	_____

**DC:**

Report ID: IRC00100

**Pharmacy Order**

Sorted by: Start Date

2/28/2006

10:02:06 PM

Name: **Reyes, Jason**  
DOB: **1/13/1983**  
Drug: **Naproxen**  
Form: **Tab**  
Reason: **Other - pain**  
Written by: **Franklin Mejia, Physician**  
Approved by: **Franklin Mejia, Physician**  
Allergies: **NKA**

Book & Case: **349-06-02628**  
Site/Housing: **MDC/4S**  
SIG: **500 mgrs PO BID**  
Start: **2/28/2006**

NYSID: **0470442Y**Dosage: **500MG**Duration: **5 days**

Pharm: \_\_\_\_\_

**DC:**

Name: **Reyes, Jason**  
DOB: **1/13/1983**  
Drug: **Tylenol**  
Form: **Tab**  
Reason: **Mental Health - pain**  
Written by: **Franklin Mejia, Physician**  
Approved by: **Franklin Mejia, Physician**  
Allergies: **NKA**

Book & Case: **349-06-02628**  
Site/Housing: **MDC/4S**  
SIG: **2 tabs PO Q8Hrs PRN**  
Start: **2/28/2006**

NYSID: **0470442Y**Dosage: **325MG**Duration: **5 days**

Pharm: \_\_\_\_\_

**DC:**

Report ID: IRC00100

**Pharmacy Order**

2/12/2006

Sorted by: Start Date

3:44:49 AM

Name: **Reyes, Jason**

Book & Case: **349-06-02628**

NYSID: **0470442Y**

DOB: **1/13/1983**

Site/Housing: **MDC/RR**

Drug: **Motrin**

Dosage: **400MG**

Form: **Tab**

SIG: **BID**

Reason: **Other - PAIN L ANKLE**

Start: **2/12/2006**

Duration: **4 days**

Written by: **Issa Madhoun, Physician**

Approved by: **Issa Madhoun, Physician**

Pharm: \_\_\_\_\_

Allergies: **NKA**

**DC:**

---

# CONSULTATION REQUEST

NEW YORK CITY DEPARTMENT OF HEALTH  
AND MENTAL HYGIENE

Leave blank for hospital use

Patients' Name Royes, Jason DOB 1/1/68  
FROM BXCI Correctional institution Inmate no. 124900-2625  
Referred to D.O.C. Ward / Clinic  
Hospital / Clinic no.

Chief complaint or findings:

Diagnosis, treatment and medications by C.H.S.:

Other pertinent physical, psychiatric, and historical findings,  
including lab values and x-ray findings:

2  
Ira Gornish, RPA

Request:

Date \_\_\_\_\_ Referring Physician \_\_\_\_\_ Phone \_\_\_\_\_ Approved \_\_\_\_\_

Consultation, findings and recommendations:

ate \_\_\_\_\_ Physician \_\_\_\_\_

Reminder: Fully Complete the Problem List

NYC 000153



DIVISION OF HEALTH CARE ACCESS AND  
IMPROVEMENT  
CORRECTIONAL HEALTH SERVICES

### URINE DIPSTICK AND DRUG TESTING

Patient's Last Name Reyes	First Name Jason	NYSID Number 0470442Y
Book & Case Number 349-06-02628	DATE 2/12/2006	TIME 2:54 AM
TESTED BY:		
PRINT NAME <i>afare</i>	SIGNATURE <i>afare</i>	TITLE <i>h</i>
RESULTS		
REFERENCE RANGE		

Redacted

2/12/2006 2:54:30 AM

NYC 000154

**RIKERS ISLAND  
DETENTION COMPLEX**

# GENERAL LABORATORY TESTING REQUISITION

## RIKERS ISLAND FACILITIES

L C0034-8 ARDC (C-74)  
 L C0036-3 AMKC (C-95)  
 L C0046-2 EMTC (C-76)  
 L C0035-5 GMDC (C-73)  
 L C0047-0 GRVC  
 L C0037-1 GTC  
 L C0041-3 MHC (C-71)  
 L C0038-9 NIC  
 L C0040-5 OBC  
 L C0048-8 RMSC  
 L C0039-7 West CBU

## DETENTION COMPLEXES

LC 0042-1 VCBC  
 (BRONX)  
 X LC 0045-4 BBKC  
 (MANHATTAN)  
 LC 0044-7 BDC  
 (BROOKLYN)  
 LC 0043-9 QDC  
 (QUEENS)

First: **Jason**

Book case # 349-06-02628

Date of Birth 1-13/1983

508 M

Date Collected, 2/12/2006

Collected By

Ordering Physician \_\_\_\_\_

## PROFILES

PROFILES

[illegible]

0007-5 Thyroid Profile (T4, TSH) (TSI) (S) 2342-4 Liver Profile (T-BILI, AST, LDH, GGT, T-PRO, ALB, A/P, ALT) (S)  
 0009-1 LIPID PROFILE (CHOL, TRIG, HDL, LDL) (S)

## CLINICAL TEST

		CLINICAL TEST			
0160-0 BORO	(R)	0102-4 Glycohemoglobin	(L)	0137-0 Protime (INR)	(B)
0096-4 Amylase	(S)	0105-7 Hepatitis A Ab (x, reflex)	(S)	0150-6 PTT	(B)
			(S)	0141-2 Retic Count	(L)
			(S)	0142-0 RPR	(S)
			(S)	0086-9 Sed Rate	(F)
			(S)	0066-5 Sickle Screen	(L)
			(S)	0151-1 T4	(S)
			(S)	0350-6 Theophylline	(R)
			(S)	0153-7 TSH	(S)
			(R)	0157-8 Uric Acid	(S)
			(S)	0159-4 Urinalysis	(B)
			(R)	0160-2 Vn B12	(S)
0090-1 Folate	(S)	0289-9 Phenobarbital	(R)		
0098-0 Glucose	(G,Y)	0327-7 Pregnancy (Serum) - quant	(S)		
		0173-9 Pregnancy (Urine) -	(B)		

## BACTERIOLOGY CULTURES

**BACTERIOLOGY CULTURES**

1. 0.05% 2. 1.0% Culture (Bacterial plate) = 0.05% 1.0% Culture (culturette) = 0.05% 8. Blood Culture (2 Bacter bottles aerobic, Anaerobic) = 0.05% 8. Wound Culture (culturette)

**STOOL ANALYSIS**

## STOOL ANALYSIS

**STOOL ANALYSIS**

(+) 7-8 Stool Culture (SC) (-) 0/100	(-) 0/2 O&P (SC or O&P kit)	(-) 0/2 Tric. Lign. Test (SC)
(-) 0/2 Clostr. Stain (SC)	(-) 0/2 AFB (SC)	(-) 0/873.9 Stool for WBC (SC)
(-) 0/122.2 Occult Blood Stool (SC)		

Dropsy Specimen \_\_\_\_\_ Clinical History \_\_\_\_\_

OTHER TEST(S) NOT LISTED ABOVE

INTERNAL CONTROL (LAB USE ONLY)

1-LAV	1-RED	1-RED	1-SSST	1-Y GRAY	1-BLUE
1-GRN	1-YELLOW	1-W PPT	1-ROYAL BL	1-THICK CUP	1-WAL CUP
1-GRN	1-RED CUP	1-PRZ 3RD	1-SLID	1-THICK VAL	1-FORMALIN
1-RAND LAM (CUP)	1-1 HOUR LAME	1-1 HOUR TUBE	1-TIMED LAME	1-1 HOUR CUP	1-OGCT

VAL -  
LVBID -

**PAP SMEAR**  
(COMPLETE AND SUBMIT A BIO-REFERENCE CYTOPATHOLOGY REQUESTION ONLY)  
**VIRAL LOAD**

**SPUTUM CULTURE**

FOR AFB COMPLETE NYC DOH MYCOBACTERIOLOGY REQUISITION ONLY, TNS0

HIV SCREEN  
 (COMPLETE NYC DOH REQUEST FORM ONLY)

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DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT  
CORRECTIONAL HEALTH SERVICES

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(One Copy for Chart)

(One Copy for Counselor)  
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## FD-14-150 (Rev. 12-39)-Post

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 6. RED - DEPT. OF PUBLIC HEALTH, 7. ORANGE - DEPT. OF CORRECTION, 8. PURPLE - DEPT. OF CORRECTION, 9. BROWN - DEPT. OF CORRECTION, 10. BLACK - DEPT. OF CORRECTION

NOTE: A PHOTO COPY OF THIS FORM MAY BE PROVIDED UPON REQUEST TO HEALTH AND HOSPITALS CORPORATION (HHC) PERSONNEL. NYC 000157

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